

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**  
**9535 E. Doubletree Ranch Road, Suite 100 Scottsdale, AZ 85258**

Phone: (602) 542-8166 Fax: (602) 364-1039  
Email: [kodi.calais@vetboard.az.gov](mailto:kodi.calais@vetboard.az.gov)

**REQUEST FOR VERIFICATION OF VETERINARY TECHNICIAN CERTIFICATION**

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**APPLICANT AUTHORIZATION:**

NAME: \_\_\_\_\_ CERTIFICATE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

PHONE: \_\_\_\_\_

☐ **Please check if your mailing address has changed.**

I authorize the Arizona State Veterinary Medical Examining Board to release information regarding the status, i.e., active, lapsed, probationary, etc., the original issue date and expiration date, and any disciplinary action that has been taken against my Arizona Veterinary Technician Certificate to the party listed below.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Please note: There is no fee for this service at this time. You may mail, fax or email your request to our office.